ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	WT	571	03/29/01
RESPONSE FORMALITY REVIEW	WT	571	07/12/01
	M.H.	025	09-21-01

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim (Final)	Claim (Original)	Date 1-19-05								Claim (Final)	Claim (Original)	Date								Claim (Final)	Claim (Original)	Date							
1	1	✔									51										101								
2	2	✔									52										102								
3	3	N									53										103								
4	4	N									54										104								
5	5	✔									55										105								
	6										56										106								
	7										57										107								
	8										58										108								
	9										59										109								
	10										60										110								
	11										61										111								
12	12	✔									62										112								
13	13	N									63										113								
14	14	N									64										114								
15	15	✔									65										115								
16	16	N									66										116								
17	17	N									67										117								
	18										68										118								
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	49										99										149								
	50										100										150								

If more than 150 claims or 10 actions
staple additional sh et h re

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